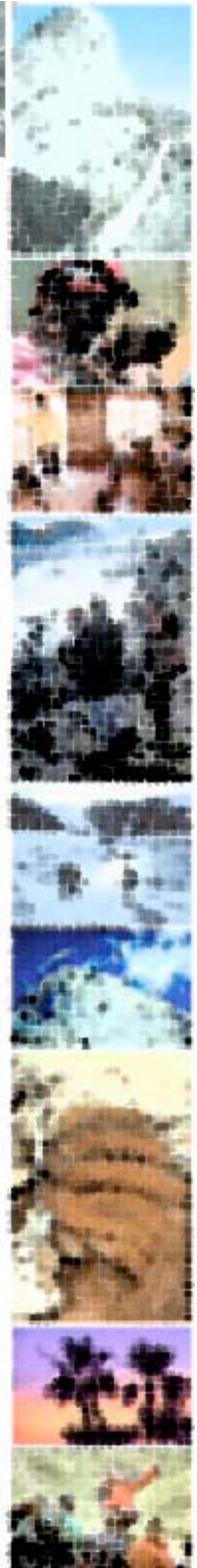




## **The changing landscape of voluntary sector counselling in Scotland**

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Chapter prepared for *Landscapes of Voluntarism: New Spaces of Health, Welfare and Governance*, edited by Christine Milligan and David Conradson, to be published by The Policy Press, Bristol



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## **The changing landscape of voluntary sector counselling in Scotland**

Liz Bondi, The University of Edinburgh

In 1989 the Scottish Health Education Group and the Scottish Association for Counselling compiled a directory of counselling services in Scotland. When asked if they offered counselling, the great majority of voluntary sector organisations in the welfare field said that they did, and they were therefore included in the directory, generating over 500 entries in total, including, among others, all the Citizens Advice Bureaux in Scotland. In 2001, I was involved in the implementation of another survey of voluntary sector counselling, which provided an updated snapshot of provision across the whole of Scotland, and offered the possibility of examining how the availability of voluntary sector counselling had changed since the late 1980s (Bondi et al., 2003a). The 2001 survey solicited a rather different response from the earlier one. Several of the organisations listed in the 1989 directory responded to the 2001 survey by telephoning or writing to stress that they did not offer counselling. For example, a paid worker from Victim Support contacted us to ask us to ignore any returns from local Victims Support groups, insisting that any of them who claimed to offer counselling were wrong. A note from another agency manager stated that “X does not deliver counselling [...] and no service user is ever given this impression”. In a similar vein when an interview was conducted with a member of the Samaritans, he began the interview by saying, “I must state now that Samaritans are not counsellors”. These responses provided graphic evidence of a substantial shift in the place of counselling within voluntary sector between the late 1980s, when it had been embraced as a description of a vast array of services designed to meet welfare needs, and the beginning of the twenty-first century when it was understood in much narrower terms from which many organisations actively sought to distance themselves.

This chapter contextualises and explores this shift. I begin by exploring the evolution of voluntary sector counselling in Scotland that led up to the picture summarised in the 1989 directory in the context of shifts that have characterised the voluntary sector more generally. In so doing I illuminate how and why counselling was eagerly taken up by voluntary sector organisations in the 1980s. I then consider how and why counselling was redefined in rather narrower terms in the 1990s. Against this background, I examine the changing geography and the changing role of volunteering in voluntary sector counselling provision in Scotland. This account illustrates how processes at work within the voluntary sector in general – especially those associated with professionalisation – are played out within one sector of voluntary sector action.

My account draws on the surveys to which I have referred, together with a series of research interviews conducted in 2001 and 2002 with approximately 100 people involved in the provision of voluntary sector counselling, including counsellors and service managers. The survey was distributed very widely and sought to identify all voluntary sector agencies in Scotland that offered counselling services. The interviewees were drawn from four geographical areas (two urban and two rural) and were recruited primarily via agencies identified in the survey, supplemented by the use of personal networks. The research was conducted in close collaboration with field of voluntary sector counselling in Scotland. The research team included two very experienced counselling trainers with strong and longstanding links to the voluntary sector, while I too brought direct involvement with voluntary sector counselling as a part-time

volunteer counsellor. In addition, the research was supported by an advisory group that included representatives of nine different voluntary-sector counselling agencies. It led directly to my co-option to the governing body of COSCA (Counselling and Psychotherapy in Scotland) and the International Research Committee of the British Association for Counselling and Psychotherapy. During and since the formal life of the project, my understanding of the field has been greatly enriched by numerous informal conversations with others involved in the field, whose paths I cross in the course of my own volunteering, and my wider formal and informal participation in the field of counselling training. Either through interviews or through such conversations, the research has been informed by key actors, many of whom have played crucial roles in the evolution of voluntary sector counselling in Scotland at some point over the past half century.

### ***Modest beginnings: marriage counselling as a supplement to the welfare state in the Scottish cities***

The first counselling services to be developed in Scotland were set up soon after the second world war by voluntary sector agencies concerned with the causes and effects of marriage breakdown. As the current manager of what is now Lothian Couple Counselling explained:

We were the first organisation in Scotland. I've got the first Annual Report here, and it says the Edinburgh Marriage Guidance Council was founded in the summer of 1946, and the first Annual Report was 1947. It was set up by "the great and the good": the Faculty of Advocates, the Education Institute of Scotland, the Council of Social Service, and a lot of quite well known people. At that time the concern was to save marriages, and [...] I think it was because at the end of the war there were a lot of people coming back [...]

A similar organisation was set up in Glasgow in 1947, and in 1948 the Scottish Marriage Guidance Council came into being to deliver training to volunteers recruited by all the local Marriage Guidance Councils (Mitchell, no date).

As their names suggest, these organisations initially offered "guidance" rather than "counselling". However, they established a foundation from which counselling soon grew. As Jane Lewis, David Clark and David Morgan (1992) have described in relation to the marriage guidance movement in England, one of the key ideas contributing to this foundation was that neither practical advice nor expert advice from lawyers, churchmen or other professionals was what people struggling with difficulties in their marriages most needed. Instead the marriage guidance movement argued that what was needed was the support and guidance of ordinary people in untroubled (or at least less troubled) marriages. The Marriage Guidance Councils provided these ordinary people by recruiting and training volunteers – men, and more often women, who were themselves married – who offered a few hours a week during which they provided those in need with "someone to turn to" (Wallis, 1968). By the early 1950s those involved in the provision of training began to pick up on ideas advanced by the American psychologist Carl Rogers (1942, 1951), whose "client-centred counselling" emphasised the importance and benefits of non-hierarchical client-practitioner relationships. Those involved in training enthusiastically embraced these ideas, combining them with other

inputs to develop “marriage guidance counselling” which has since evolved into “relationship counselling” (Lewis et al., 1992).

The moment at which the Edinburgh Marriage Guidance Council came into being was, in some ways, rather inauspicious for a new voluntary sector organisation. The dawn of the British welfare state was expected by many “to have rung down the curtain on the central role of voluntary action in meeting social needs” (Smith et al., 1995, 1). Although the welfare role of the voluntary sector did not, in fact, disappear, in the early post-war period, it was viewed as supplementary to statutory provision, funded through charitable giving, and providing non-essential services (Deakin, 1995; Lewis, 1999). Developing in this context, the Marriage Guidance Councils found a niche, successfully appealing to benefactors drawn from both morally conservative and morally liberal quarters (Lewis et al., 1992). In these early years, volunteer recruitment also benefited from continuing resistance to employ married women, as one early volunteer explained:

When we married [1952], in those days you got a dowry from the Civil Service and I got £100 dowry, and then you were out you see. [...] I was going to climb the walls [not working]. I got myself a part-time job, which I really didn't like at all [...]. [Husband] came home with this advert [for training in marriage guidance counselling ...]. I think that was the turning point for me [...]

Until the mid-1960s – some two decades after marriage guidance counselling began – there was no hint that voluntary sector organisations in the welfare field would flock to embrace counselling. While the marriage guidance movement, which successfully consolidated its position outside the new welfare state, had taken it up, it remained a specialist field, apparently without wider relevance. Geographically, the reach of counselling services remained limited, and access uneven. Councils were successfully established in the four largest Scottish cities (Edinburgh, Glasgow, Dundee and Aberdeen) by the early 1950s. While efforts to establish services in other areas followed, several either failed to come to fruition or swiftly faltered. For example discussion began in Orkney in 1954 but no service was established until 1984; a local Council opened in Dumfries in the same year but two years later had only one counsellor and in 1958 had none (Mitchell, no date). While services did develop in several more substantial towns in the late 1950s and early 1960s, coverage remained patchy and strongly urban in character. Positioned as a supplement to the welfare state, this patchiness was not regarded as a cause for concern.

### ***Expansion and popularisation: the rise and spread of counselling in voluntary sector welfare***

In the 1960s a significant shift in the relationship between the state and the voluntary sector was underway. Driven in part by economic crises that interrupted expectations of the progressive expansion of welfare provision, much closer forms of collaboration between the state and the voluntary sector developed, and the 1970s witnessed an upsurge in the number and range of voluntary sector organisations (Deakin, 1995; Kramer, 2000). It was in this context that new players entered the field of voluntary sector counselling.

The training provided to marriage guidance counsellors emphasised the value of the careful use of ordinary interpersonal skills in helping and supporting others. These

included listening attentively, responding empathically, refraining from judging or directive advice-giving, and emotional honesty. As the voluntary sector expanded, many organisations in the welfare field recognised the value of such skills in their work helping and supporting service users. Among the first on the scene in Scotland were local Alcohol Councils, which developed as an alternative to the twelve-step programme and strict abstinence of Alcoholics Anonymous groups, and offered counselling services to people experiencing difficulties connected to alcohol, whether their own drinking or the impact on them of other people's drinking. One of those involved in this development recounted that

[...] the Scottish Council on Alcohol had just been formed, 1973 [...]. They wanted me to take over [the training of] a number of people who had been doing counselling in the Glasgow Council on Alcohol [which was established in 1965] who were all ex-drinkers [...], people who had fallen out with the AA, disliked AA and that's why they were with the Glasgow Council on Alcohol.

The idea of counselling was soon taken up by others involved in the wider upsurge of voluntary action within the welfare field during the 1970s. Examples include services developed by the women's liberation movement around issues of domestic abuse and rape (which became Women's Aid Centres and Rape Crisis Centres), by the gay liberation movement (some of which evolved into telephone helpline and counselling services like Gay Switchboard), by people seeking to innovate in the field of community-based mental health care (contributing to the development of local Associations for Mental Health), and in the field of bereavement (through Cruse Bereavement Care Scotland). In due course specialist counselling services developed for other groups including adult survivors of sexual abuse, ethnic minorities, people with disabilities, people diagnosed with serious illnesses (such as cancer, HIV/AIDS, and MS), women seeking advice about unintended pregnancy, people who have been adopted, and people who care for ill or disabled relatives.

The appeal of counselling continued to grow through the 1980s and into the 1990s despite the progressive reduction in grants available for social welfare interventions, as the British government shifted the emphasis of urban policy to economic initiatives (Atkinson and Moon, 1994; Kramer, 2000). One factor was undoubtedly the utility of a flexible definition of counselling that allowed it to be assimilated into a wide range of services; another was a broadly sympathetic cultural and political context. Counselling draws attention to and engages the subjective experience of the individual service-user. It is therefore often interpreted as bound up with the intensification of individualism associated with the rise of neo-liberalism (Rose, 1990). Although this interpretation underplays the emphasis counselling places on relationships (Bondi, 2003, 2005), it helps to account for the enormous appeal of counselling in the closing decades of the twentieth century. During this period more and more organisations described the services they offered as including counselling. For example, because the advice work of Citizens Advice Bureaux involved attentive empathic listening to service-users, it could be described as "counselling". So too could the work of Women's Aid in supporting women fleeing domestic abuse, Rape Crisis telephone lines, ChildLine's work with children in distress, and so on.

The geographical patterning of voluntary sector counselling provision changed as the sector expanded. Whereas marriage guidance counselling began in the relatively middle-

class city of Edinburgh, alcohol counselling began in the more working-class city of Glasgow, giving early expression to a class contrast between the two fields<sup>1</sup>. Moreover, the Scottish Council on Alcohol was more actively involved in the development of a network of local councils across Scotland than was the Scottish Marriage Guidance Council. One consequence of this was that, while alcohol counselling services were established in the four largest cities of Scotland only two decades after marriage counselling services had achieved the same coverage (the early 1970s as opposed to the early 1950s), in several more rural localities in Scotland, alcohol counselling services arrived before marriage or relationship counselling services, and in some instances remain the only counselling services available. A key factor underlying this difference was a longstanding concern with alcohol issues in rural Scotland, in contrast with a tendency (at least in the 1950s and 1960s) to view marital and relationship troubles as more closely to urban lifestyles. Moreover, those involved in the development of alcohol counselling services embraced the ideal of universal provision more explicitly and energetically than those involved in marriage counselling. Thus, although geographical unevenness persisted its form changed, and the tension between reliance on local voluntary action and universal welfare began to be addressed (compare Bryson et al., 2002; Fyfe and Milligan, 2003a; Milligan 2001).

The directory of counselling services in Scotland published in 1989 captured the enthusiasm for counselling that had developed among organisations involved in voluntary sector welfare provision during the 1970s and 1980s. However, changes in the character and definition of counselling were already afoot, which would soon lead to a significant shift in how many of these organisations described their services.

### ***Professionalisation: redefining voluntary sector counselling at the turn of the millennium***

Although its contours have changed, the influence of neo-liberalism is generally understood to have increased rather than waned since the 1980s (Peck and Tickell, 2002). Why then had so many voluntary organisations in Scotland backed away from counselling as a description of their services by 2001? A key factor lies in the complex processes of professionalisation to which counselling has been subject from the early 1970s, and which gathered pace significantly during the 1990s (Bondi, 2004).

While the organisations that first developed counselling services focused on particular issues – such as marriage, alcohol and bereavement – some of those involved were swiftly aware of common interests related to the training of volunteers and the delivery of services. As a result, networks began to develop that focused specifically on counselling. One of the most influential within and beyond Scotland was the Standing Council for the Advancement of Counselling, which came into being in 1971, and led to the founding of British Association for Counselling in 1976. These networks cut across the specific concerns and constituencies of voluntary sector organisations that focused on particular issues or particular groups of people. In so doing, they began to separate

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<sup>1</sup> The association between marriage counselling and middle-class “do-gooding” was partially offset by the arrival of another marriage counselling organisation in the late 1960s: the Scottish Catholic Marriage Advisory Council (now Scottish Marriage Care). The organisation's religious affiliations linked it to the predominantly working-class Catholic communities of the west of Scotland.

counselling as a distinctive approach and practice from the contexts in which it was applied. While this was important in enabling the rapid popularisation of counselling described above, it also paved the way for the emergence of generic counselling services and generic counselling training, which had the converse effect of fostering the distinctiveness of counselling as something different from other interventions.

Those involved in the provision of counselling services organised around particular issues or around the needs of specific groups often found that the issues that people brought to counselling were wide-ranging and complex. For example, what began as counselling about a relationship issue or an alcohol problem might uncover other issues such as low self-esteem, or a history of sexual abuse. In addition, services were sometimes asked to see people who did not fit their explicit purpose but who clearly needed help of a related kind. For these reasons, by the 1980s, generic counselling services began to develop.

The separation of counselling training from the remits of specific voluntary sector organisations, together with the development of generic counselling services, created opportunities for new players to enter the field of counselling training. Those that did included institutions of further and higher education (colleges and universities). The linkage of counselling training to academic qualifications was one expression of processes of professionalisation. In due course, it impacted on voluntary sector organisations that offered counselling training. Some withdrew from training and others entered into partnerships with universities. For example, the counselling training courses offered by Couple Counselling Scotland (successor to the Scottish Marriage Guidance Council) and Alcohol Focus Scotland (successor to the Scottish Council on Alcohol) are both now validated by universities and carry university-level academic credit.

Umbrella organisations concerned with counselling, including especially the British Association for Counselling (renamed the British Association for Counselling and Psychotherapy in 2000), and the Confederation of Scottish Counselling Agencies (founded in 1990 and subsequently renamed COSCA), promoted other processes of professionalisation, and described themselves as professional bodies for counselling. They sought to raise and monitor standards of training and practice through the development of codes of ethics, course validation, service recognition and practitioner accreditation. They also developed independent complaints procedures to enhance public safety and practitioner accountability.

These frameworks and mechanisms required clarity about when counselling was being used and when it was not. During the 1980s, in the context of generic counselling training and the development of codes of practice, a distinction began to develop between counselling and the use of counselling skills within other tasks. It was soon promoted by the British Association for Counselling, which published its first Code of Ethics and Practice for Counsellors in 1984 (British Association for Counselling, 1984). In 1985 it published a definition of terms, and by 1989 it had produced a Code of Ethics and Practice for Counselling Skills (British Association for Counselling, 1985, 1989). Through these documents the organisation developed and disseminated a distinction that reserved the term “counselling” for work in which (a) there is an explicit agreement between the recipient and the practitioner to enter into a counselling relationship, and (b) both the recipient and the practitioner understand their work together to involve no other tasks or roles. By contrast, practitioners were deemed to be using “counselling skills” if



their work with a service-user was not explicitly contracted, and/or was framed by another caring, supporting or professional role (such as advice-giving, befriending, nursing or teaching) (Bond, 1989).

Although these definitions were being promoted from the mid-1980s onwards, they were not immediately absorbed by voluntary sector organisations. Indeed, because counselling had strong links with mutual aid, organisations like the British Association for Counselling could not necessarily claim the authority needed to determine what did and what did not constitute counselling. One of those who had been deeply involved in the development of standards of practice for counselling suggested that if professionalisation narrowed the definition of counselling too much, people would just invent another name for a practice grounded in the use of what are fundamentally ordinary interpersonal skills:

Respondent: [...] it will fossilise, just like other professions fossilise. And there will come after it, there'll be another wave of people who call themselves befrienders or something like that. And there'll be cowboy chaos in that area for a while, and then all those will begin to come and it will fossilise too and then there'll be another wave.

[...]

Interviewer: And so it's just a case of what's the next thing that will be used to identify ordinary skills/

Respondent: Yes. The next vehicle for unlocking the talents of the population. And at the moment, it's counselling, that's fine. And I have every sympathy with people who want to -. I mean I've been, well, not an enforcer, but I've been an encourager and developer of standards right from the beginning, and I still am. But the whole thing can go top heavy, and totally bureaucratic, and obsessional, and everything else.

Notwithstanding the potential for resistance, processes of professionalisation did impact upon perceptions and practices of counselling in the voluntary sector. In response to the survey conducted in 2001, one organisation informed us that

we ceased offering a counselling service in August 1999. We had run this service since we started in 1976 but over the years the implications of providing counselling altered dramatically.

Responses by local Women's Aids groups (37 of which had been listed in the 1989 directory) provided an illustration of the range of positions taken in relation to claims about counselling. Some groups responded by stating that they did not offer counselling, while others stated that they did. In their descriptions of their services, some of the latter were clearly holding onto an inclusive understanding of counselling undifferentiated from other tasks. However, others explained how they offered service-users counselling as something distinct from other forms of support work, whether delivered "in-house" by a qualified counsellor, or through inter-agency referral arrangements.

### ***Reconfiguring the geography of voluntary sector counselling***

While the 1989 directory of counselling services listed over 500 organisations, as definitions changed, the number of voluntary sector agencies delivering counselling services declined. Applying the definition of counselling promulgated by the British

Association of Counselling, the 2001 survey identified just over 200 voluntary sector agencies involved in the provision of face-to-face counselling<sup>2</sup>. Among the voluntary sector organisations that had withdrawn from the field were Citizens Advice Bureaux, the Samaritans, Victim Support, most Women's Aid Centres, most voluntary sector family planning services, some Associations for Mental Health, and many agencies providing advice and support to people affected by serious illnesses. The organisations involved in counselling provision in 2001 fell into four broad groups as summarised in table 1.

Table 1 about here

The geographical distribution of counselling provision in Scotland also changed with this reconfiguration of the field. Although the absolute number of organisations involved declined, the distribution across Scotland became less concentrated. This occurred because of changes in both urban and rural areas. On the one hand, both the absolute numbers and the proportion of counselling agencies declined most markedly in the two largest cities, Edinburgh and Glasgow: in 1989 the two health boards centred on these cities included 47% of all agencies listed in the directory, compared to 35% of those identified in the 2001 survey. Conversely, the health boards covering the most remote, rural areas in Scotland (three island areas in northern and western Scotland), which had included 9 of the agencies listed in 1989 (2% of the total), had 10 (5% of the total) in 2001). Thus, at the scale of Scotland as a whole, the tendency for voluntary sector action to produce some areas with many voluntary sector organisations and other with very few, was reduced rather than intensified in the process of redefining counselling more narrowly (compare Wolch, 1990).

As figure 1 shows, in 2001, voluntary sector counselling agencies were, in fact, still strongly concentrated in the central belt of Scotland. The paucity of services in many parts of rural Scotland indicates that provision does not in any sense approach universal coverage. Nevertheless, the overall pattern does broadly reflect population density, with two island health board areas rivalling the health board areas covering the two largest cities (Glasgow and Edinburgh) for the largest number of clients seen per head of population (see figure 2). The pattern suggests that, by 2001, voluntary sector counselling had diffused across the whole of Scotland. Lanarkshire Health Board stands out as the area with the lowest number of clients per 1000 population. This is probably a result of two factors: on the one hand, it is likely that people living in some parts of Lanarkshire make use of voluntary sector counselling services in neighbouring health board areas, especially Greater Glasgow; on the other hand, Lanarkshire Health Board has a relatively high level of counselling provision in primary health care.

Figure 1 and figure 2 about here

Notwithstanding the relative dispersion of voluntary sector services identified above, in the major cities people are likely to have access to several different services, while in the rural areas, they may have to travel very large distances to access any face-to-face voluntary sector counselling service at all. Moreover, as table 2 shows, most of the

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<sup>2</sup> Telephone counselling services were excluded because the great majority of telephone counselling work does not involve explicit contracting into a counselling relationship as required within the British Association of Counselling's definition.

agencies located in rural areas offer counselling either for issues relating to alcohol, drugs and/or addictions, or for loss and bereavement. The involvement the Scottish Council on Alcohol in supporting the development of alcohol counselling in rural areas has already been mentioned. The great majority of voluntary sector counselling agencies offering loss and bereavement counselling are local branches of Cruse Bereavement Care Scotland. Cruse originated as a self-help organisation of and for widows. Its history in Scotland is not well documented, but it seems likely that its relatively strong representation in rural areas is linked to these origins, sharing with organisations like the Women's Institute a particular capacity to mobilise rural women (Little, 1997).

Table 2 about here

Turning to the local, neighbourhood level, the geography of counselling provision is complicated by the importance attached to offering service-users a resource they can access anonymously. Because of this emphasis, agencies run services from two kinds of premises: either those located in busy city centre areas or multi-use buildings, both of which people access for a variety of reasons (compare Fyfe and Milligan 2003b). One service manager involved in the development of a new rural service was thrilled to find a building beside an isolated hotel:

It's so rural and [...] anywhere in X seemed so public that everyone would know everyone who was going to counselling because it was all in the one wee main street. How do you find and overcome some of those ethical dilemmas of working in rural communities? How do we overcome travel and how do we overcome all sorts of things? So those were all the questions going on in my mind and I had to meet [some local people] in a hotel in [...] and when I got out the car [...] I said to myself "gosh, this would make a perfect counselling centre, it's so quiet, so peaceful, people could come here and really take time". And so at the end of my meeting I asked if I could speak to the manager of the hotel and I said "you wouldn't want to rent me your hotel so I could make it into a counselling centre?" And he said "no [...] but I have another place out the back that was purpose built as an overflow facility and we've never used it".

Another service manager in an urban area described how a surprising proportion of service-users effectively bypass more local services because of their intense concern about being seen by someone they know. Given these considerations, it is very difficult to assess patterns of provision at a local level in ways that are adequately sensitive to the logic of locational choices.

### ***Volunteering, regulation and the future of voluntary sector counselling in Scotland***

The association between volunteering and the voluntary sector is a complex one. As Rob Paton (1991) has noted, the term "voluntary" originated in the notion of independence from government, but has subsequently come to be associated with the idea of volunteering. However, the extent to which voluntary sector organisations depend upon or deploy volunteers varies enormously. At one extreme, organisations are major employers and their only "volunteers" are members of management committees; at the other extreme, organisations may depend entirely on volunteers (Milligan and Fyfe, forthcoming).

As I have described, counselling originated as a form of voluntary action in which all counsellors were volunteers. The professionalisation of counselling that gathered pace during the 1980s and 1990s was accompanied by its diffusion beyond the voluntary sector, into the public sector (especially into educational institutions like universities and into primary health care) and the private sector (through in-house counselling service in large organisations, EAPs and private practice). In these contexts counsellors were paid, either as salaried staff or as hourly-paid freelancers. Similar opportunities have developed in the voluntary sector. However, the sector also continues to mobilise substantial numbers of volunteers. The survey conducted in 2001 found that approximately 2,100 counsellors work in voluntary sector counselling services in Scotland, three-quarters of whom do so as unpaid volunteers (Bondi et al., 2003a, 2003b).

Traditionally, voluntary sector organisations have provided counselling training free of charge to people they recruit, who are expected to give their time as volunteers in return. This kind of arrangement has come under enormous pressure and has partially broken down. As counselling training courses began to develop in the education sector, some voluntary sector organisations sponsored their volunteers to train. However, the dominant trend has been for an increasing proportion of the costs of training, whether delivered by voluntary sector organisations, universities or colleges, to be passed on to the trainees themselves<sup>3</sup>. The capacity of the voluntary sector to cover the costs of training has come under increasing pressure as minimum standards of training have risen, and, not surprisingly, the more that trainees have paid for their own training, the more they have sought payment for their counselling work, whether delivered in voluntary sector contexts or elsewhere. A “mixed economy” is now in evidence within the voluntary sector: in 2001, two-fifths of voluntary sector counselling services in Scotland reported that all counselling was delivered by volunteers, a quarter reported that all counselling work was paid, and one third reported that the counselling was delivered by a mixture of paid and unpaid counsellors (Bondi et al., 2003a, 2003b). Among those organisations in which some counselling work is paid and some is not, many have one paid employee who delivers some of the counselling and manages a team of volunteers. Another pattern has been adopted by the successors to the original Marriage Guidance Councils (mainly called Couple Counselling centres), which require all their counsellors to deliver a minimum of 120 hours of counselling per year unpaid, in addition to which some counsellors may be recruited to deliver additional counselling at an hourly rate of pay.

Those involved in the organisation and management of voluntary sector welfare services interpret the erosion of volunteer counselling in different ways. The survey conducted in 2001 solicited some highly critical comments about the professionalisation of counselling, which suggested that volunteer status is viewed by some as a defining feature of counselling. The survey asked only for information about counselling services, and so the fact that people bothered to reply with such critical remarks highlights the strong feelings it generates. One respondent made clear his view that professional status and counselling are mutually incompatible. His point was that the counselling depends upon the practitioner and the recipient being peers, whereas

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<sup>3</sup> There is, of course, considerable concern about the exclusionary effects of this trend. A recent request by COSCA to the Scottish Executive for support for an initiative to enhance inclusivity in training was rejected. Moreover there is no routine monitoring in place to track changes in the socio-demographic mix of either counsellors or recipients of counselling (see Bondi et al., 2003a).

professionals have to maintain greater distance and cannot be peers to their clients. However, as I have argued elsewhere (Bondi with Fewell 2003), counselling has itself developed more complex understandings of the practitioner-recipient relationships. In brief, within the field the issue of the relative positions of practitioners and service-users has been reframed to place less emphasis on objectively non-hierarchical relationships, and more on the idea that one of the tasks of practitioners is to facilitate service users to explore their subjective experiences of relationships with others, including their counsellors. Thus, while many of those involved in the management of voluntary sector counselling services express regret that it is getting harder to recruit and retain volunteer counsellors, most would be happy to pay their counsellors if they could afford to do so, and express few qualms about the consequences of this shift away from the origins of counselling as a practice undertaken by non-professional volunteers.

Volunteer counselling faces further pressures as a result of other aspects of professionalisation. By January 2001 it had become clear that the promotion of voluntary self-regulation by the professional bodies for counselling was influencing the British government. This became apparent in the context of the second reading of a Private Member's Bill to regulate psychotherapy. The author of the Psychotherapy Bill, Lord Alderdice, had explicitly excluded counselling from the remit of the Bill, arguing that it lacked sufficient coherence and delimitation to make its regulation possible. However, in the debate that ended with the falling of the Psychotherapy Bill, the government explicitly included counselling in a statement expressing its "wish to work with health professionals to strengthen the system of professional regulation, using the order-making power in the Health Act" (Lord Burlison, Government Peer, *Hansard*, 19/1/01). In other words, the government articulated its desire to build on systems of voluntary self-regulation in order to limit entitlement to practice to registered practitioners including counsellors as well as psychotherapists, thereby creating a clearly delimited body of professionals (Bondi, 2004). Since then, a timescale for government regulation has begun to emerge, with 2007/08 identified as a likely target for the regulation of counselling and psychotherapy.

The survey of voluntary sector counselling provision was conducted in early summer 2001 and the questionnaire was sent out with a flier that summarised the rationale for the research. The flier included reference to the possibility that counselling might be subject to government regulation. Some voluntary sector bodies responded by saying that they "were not aware of the government's intention to legislate", while others made evident their dismay at the implications in comments like this:

as a voluntary organisation which may in the future wish to deliver counselling services [... we] would [...] like to be in a position to have all counsellors [...] accredited, but if the government were to [...] legislate for this, the cost to the voluntary sector and small voluntary organisations would probably mean that some would have to disband.

As I have discussed elsewhere (Bondi 2004, 2005), those involved in the provision of voluntary sector counselling services within the ethical frameworks of the professional bodies for counselling are themselves ambivalent about the prospect of government regulation. At this stage, the requirements for registration are not yet known; nor are the arrangements that will apply to pre-registration counsellor training. While those involved in the organisation and delivery of voluntary sector counselling services

generally welcome the recognition that regulation would bring, they are concerned about the potential exclusion of those lacking sufficiently formal, and especially academic, qualifications, and the potential that it will become impossible to recruit volunteer counsellors (with the possible exception of students in counselling placements).

While the consequences of the regulation of counselling and psychotherapy for voluntary sector counselling in Scotland remain unclear, there is little doubt that the shape of the sector will change further in years to come. Perhaps the volunteer counsellor integral to the original development of counselling will become extinct. However, given the importance accorded to volunteering by government in Scotland and elsewhere in Britain (Milligan and Fyfe, 2005), organisations committed to volunteer counselling are poised to resist this scenario by highlighting tensions between different strands of public policy. If they are successful, voluntary sector counselling may become an increasingly influential example of how voluntary sector organisations can enable professionalisation and volunteering to co-exist. The geography of voluntary sector counselling will change too. Although successful in diffusing far beyond its original urban origins, it remains typical of numerous other voluntary sector activities in its reliance on local initiatives that do not add up to universal coverage. The British government's commitment to regulate counselling has not been accompanied by a parallel commitment to ensure universal access within either the public sector. Consequently, whether the regulation of counselling will ameliorate or intensify inequities in access within and beyond the voluntary sector remains to be seen.

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**Table 1: Voluntary sector counselling agencies in 2001**

<i>Type of service</i>	<i>Type of agency</i>	<i>Number of agencies</i>
Generic counselling	Mainly small autonomous local organisations	40
Loss and bereavement counselling	Mainly local branches of Cruse Bereavement Care Scotland	31
Alcohol, drugs and/or addictions counselling	Mainly local affiliates of Alcohol Focus Scotland	44
Relationship counselling	Local affiliates of Couple Counselling Scotland or local branches of Scottish Marriage Care	25
Other specialisms*	Some small autonomous local organisations and some projects of large voluntary sector organisations	64
<p>* This category includes counselling for a wide range of specific groups including disabled people; people from black and ethnic minority backgrounds; gay, lesbian, bisexual, transgendered and transexual people; children and young people; women affected by domestic abuse; adult survivors of sexual abuse; women seeking advice about unintended pregnancy; people who have been adopted; people affected by mental health problems; people suffering from serious illnesses; and people who care for ill or disabled relatives</p>		

**Table 2: Types of counselling agency in urban and rural Scotland in 2001**

<i>Type of voluntary sector counselling offered</i>	<i>Number of agencies in rural areas</i>	<i>Number of agencies in urban areas</i>
Generic (anyone any issue)	6	34
Loss and bereavement	12	19
Alcohol drugs and/or addictions	14	30
Relationship issues	4	21
Other specialisms	6	58
Total	42	162